REHABILITATION SERVICES PLAN

REHABILITATION SERVICE DELIVERY GUIDELINES

Extra-Mural Program Community Rehabilitation Pool
and Outpatient Rehabilitation Services

September 1997

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1.0 Preamble

This document presents service delivery guidelines to assist the Region Hospital Corporations in planning for the implementation of the Rehabilitation Services Plan. The guidelines are directed to audiologists, occupational therapists, physiotherapists and speech language pathologists working in hospital outpatient rehabilitation services and the Extra-Mural Program Community Rehabilitation Pools (including rehabilitation professionals providing Support Services to Education).

The rehabilitation service delivery guidelines are broad provincial guidelines. They do not describe the details of day-to-day regional operations. These guidelines provide direction for "what" should be done, "why" it should be done and "when" in the service delivery process it should be done. Regional service providers will need to develop procedures to describe "who" should perform the activities and the specific details of "how" these activities should be performed to maximize efficient service delivery within each region.

Additional information regarding the Priority Rating Scale (PRS) can be found in the "User Guide for the Priority Rating Scale." Additional information regarding the monitoring of the Rehabilitation Services Plan is detailed in the "Rehabilitation Services Plan (RSP) Monitoring Guidelines." These documents are available from the Department of Health and Community Services.

2.0 Coordinated Service Delivery

The primary goal of the Rehabilitation Services Plan is to "systematically guide the development of a coordinated, regionalized system of institutional and community-based rehabilitation services to meet the changing needs of New Brunswickers" (Rehabilitation Services Plan, pg. 1). The characteristics of coordinated service delivery are described below.

2.1 Characteristics of Coordinated Service Delivery

Coordinated service delivery can be described as a process that brings together the components of a local delivery system, such as hospitals and community health care, to ensure that protocols are in place to support service coordination for clients and to eliminate unnecessary duplication of services.

Coordinated service delivery may involve working together to:

- identify needs and resources
- plan and achieve shared or compatible goals
- identify and eliminate gaps and duplications in service delivery
- provide a range of services to meet the ongoing need

Enhanced coordination amongst health service providers will result in a more efficient, effective and accessible health system that will provide clients with the right service, by the right provider, at the right time, in the right place and at the best price.

2.2 Structures to Facilitate Coordinated Service Delivery

There may be wide variation in the actual structures that are implemented to facilitate coordinated regional service delivery for rehabilitation services. Below are some options for consideration as regional service providers begin to look at ways to collaborate and coordinate services.

Possible Mechanisms:

- interagency groups established to share information; identify needs and gaps
- creation and maintenance of regional partnerships
- development of regional guidelines for coordinated service delivery

2.0 Coordinated Service Delivery

Coordinated service delivery in rehabilitation will be enhanced through further refinement of the Rehabilitation Service Delivery Guidelines by the Extra-Mural Program and outpatient rehabilitation services in each Health Region. Ongoing joint decision making between the Extra-Mural Program and outpatient rehabilitation services will be required as the Rehabilitation Services Plan is implemented and rehabilitation services are coordinated.

3.0 Regional Guidelines

3.1 Regional Guidelines

This document provides broad provincial guidelines to promote consistency in the following areas:

- Access to rehabilitation service
- Priorization of individuals using the Priority Rating Scale
- Caseload Management
- Intervention
- Service Completion

Regional guidelines will need to be developed by outpatient rehabilitation services and the Extra-Mural Program in each Health Region to specify operational procedures in the following areas:

- How to collect the Request for Service information
- Who will collect the Request for Service information
- How to collect the information to complete the Priority Rating Scale
- Who will collect the information to complete the Priority Rating Scale

Additionally each Health Region is responsible for the:

- development of coordinated rehabilitation service delivery through ongoing joint decision making between the Extra-Mural Program and outpatient rehabilitation service [see Section 2.0]

- development of guidelines for alternative service provision, as required between the Extra-Mural Program Community Rehabilitation Pools and outpatient rehabilitation services [see Section 5.4.1].

4.0

4.1 Vision for Rehabilitation Services

- "Rehabilitation services will provide opportunities for New Brunswickers to prevent, eliminate or adapt to a loss of function thereby achieving well being, social integration and an optimal level of independence." (Rehabilitation Services Plan, pg. 1)

4.2 Guiding Principles

- Client centered
- Needs based
- Goal directed
- Time limited
- Interdisciplinary care
- Coordinated service delivery
- Efficient/Effective service delivery

4.3 Rehabilitation Service Providers

<u>Outpatient Rehabilitation Services</u>

- Audiology
- Occupational Therapy
- Physiotherapy
- Speech Language Pathology

<u>Extra-Mural Program Community Rehabilitation Pools</u>

- Occupational Therapy
- Physiotherapy
- Speech Language Pathology

4.4 Rehabilitation Intervention

- Treatment
- Education
- Consultation

All rehabilitation interventions involve an assessment component.

4.5 Service Population

- New Brunswickers of all ages whose needs can be addressed through the provision of rehabilitation services.

4.0 Rehabilitation Service Delivery Process

4.6 Eligibility Criteria for Rehabilitation Services

Outpatient rehabilitation services and Extra-Mural Program Community Rehabilitation Pool services are publicly funded for residents of New Brunswick who have an active New Brunswick Medicare Number. Outpatient rehabilitation services are also funded for residents of Canada who have a valid provincial health insurance identification card.

4.7 Service Delivery

The Rehabilitation Services Plan is based on a client centered, interdisciplinary philosophy of service delivery.

Service delivery occurs through an interactive relationship between the client and rehabilitation professional. This relationship involves active client participation and consent throughout the service delivery process. The service delivery process is goal oriented and time limited.

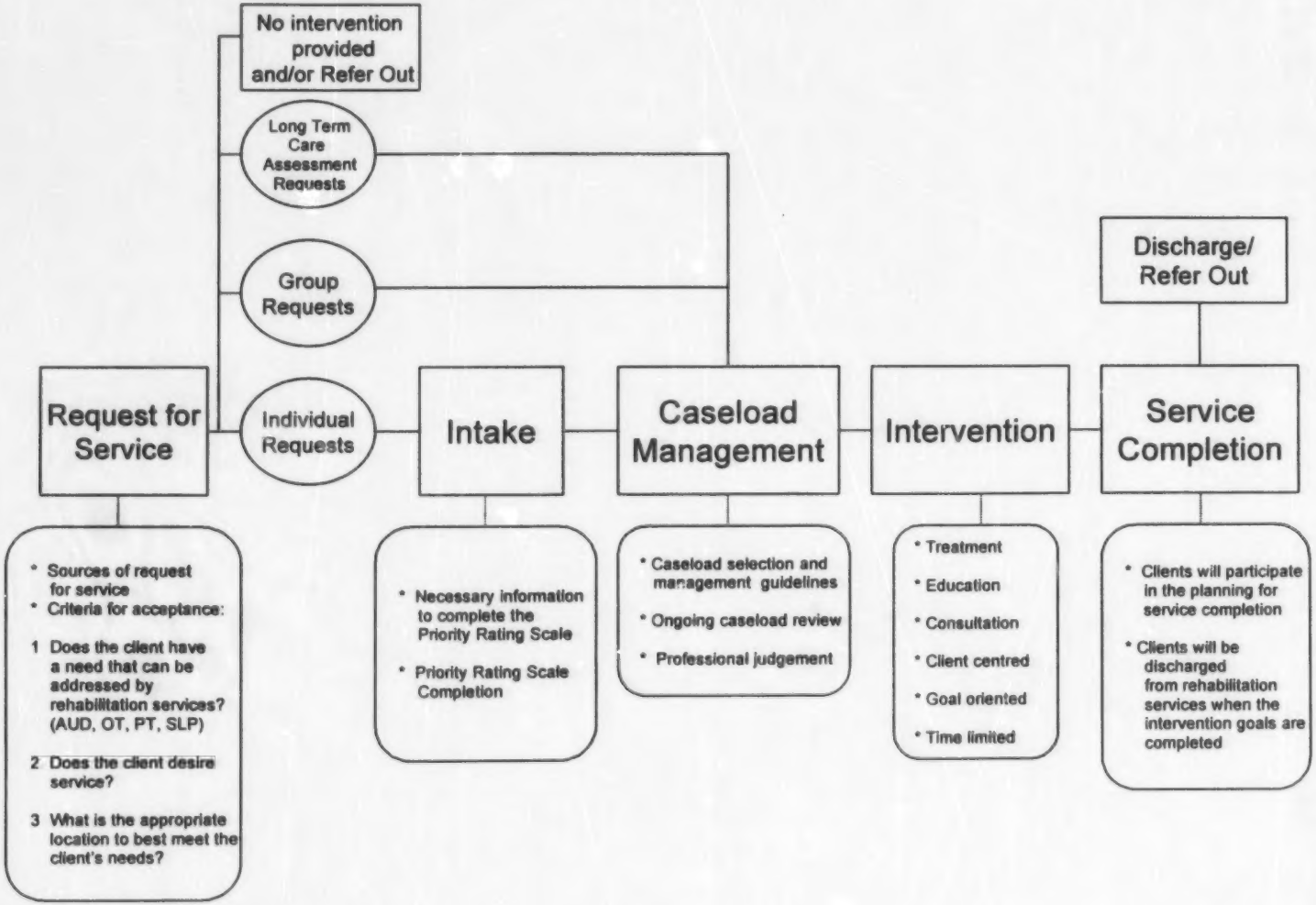
The following service delivery components will be described in detail in this document.

Request for Service
Intake
Caseload Management
Intervention
Service Completion

4.8 Rehabilitation Service Delivery Flowchart

The flowchart on the next page illustrates the rehabilitation service delivery process from "Request for Service" to "Service Completion."

4.8 Rehabilitation Service Delivery Flowchart for Outpatient Rehabilitation Services and the Extra-Mural Program Community Rehabilitation Pools


No intervention provided and/or Refer Out
Long Term Care Assessment Requests
Group Requests
Individual Requests
Request for Service
Intake
Caseload Management
Intervention
Discharge/ Refer Out
Service Completion
* Sources of request for service
* Criteria for acceptance:
1 Does the client have a need that can be addressed by rehabilitation services? (AUD, OT, PT, SLP)
2 Does the client desire service?
3 What is the appropriate location to best meet the client's needs?
* Necessary information to complete the Priority Rating Scale
* Priority Rating Scale Completion
* Caseload selection and management guidelines
* Ongoing caseload review
* Professional judgement
* Treatment
* Education
* Consultation
* Client centred
* Goal oriented
* Time limited
* Clients will participate in the planning for service completion
* Clients will be discharged from rehabilitation services when the intervention goals are completed

5.0 Request for Service

5.1 Request for Service

The purpose of the Request for Service, as a process component, is to specify sources of the request for service (referral) and criteria for the acceptance of appropriate rehabilitation requests.

5.2 Source of Request for Service

5.2.1 Request for Service from the Extra-Mural Program Community Rehabilitation Pools

Requests for services from Extra-Mural Program Community Rehabilitation Pools can originate from a number of sources. Possible sources include physician, self, parent, spouse, caregiver, school personnel, hospital and/or tertiary rehabilitation professionals, nursing home personnel, Public Health and Family and Community Social Services personnel.

For requests other than those from a physician, the client's attending physician will be notified when the client is receiving rehabilitation services. Rehabilitation professionals will practice within their legislated professional acts and will involve other healthcare team members as required.

5.2.2 Requests for Outpatient Rehabilitation Services

Requests for outpatient rehabilitation services will originate from physicians. Referrals from other sources may be processed at the discretion of the Region Hospital Corporation and its medical staff organization.

5.3 Request for Service Categories

Requests for service fall into three categories:

- Individual* requests †
- Group requests**
- Long Term Care (LTC) Assessment requests

* Please note that an individual is defined to include consideration of caregiver and/or family in all contexts.

† *Includes LTC individual requests for intervention (not LTC Assessment)*

** *Please note that a group is defined to include all requests that are not specific to an individual.*

5.0 Request for Service

5.3.1 Individual Requests

Individual requests will be subject to the Request for Service criteria and will be priorized using the Priority Rating Scale. Individual requests are subject to the Caseload Management guidelines.

5.3.2 Group Requests

Group requests will be subject to the Request for Service criteria and the Caseload Management guidelines. Group requests will not be priorized using the Priority Rating Scale.

5.3.3 Long Term Care (LTC) Assessment Requests

When the new LTC Process is implemented, community LTC Assessment requests will be sent only to the Extra-Mural Program Community Rehabilitation Pools. LTC Assessment requests are not subject to the Request for Service criteria and will not be priorized using the Priority Rating Scale. LTC Assessment requests are subject to the Caseload Management guidelines. (See Section 7.2.3)

5.4 Request for Service Criteria

The request for service will determine the following:

1- the primary rehabilitation service need
2- whether the service is desired by the client
3- the appropriate service location to address the need(s) of the client

The following questions must be considered for each request for service:

1. Does the client have a need that can be addressed by rehabilitation service(s) (AUD, OT, PT, SLP)?

YES Answer "yes" if the client presents with a need that can be addressed by services provided by an audiologist, occupational therapist, physiotherapist and/or speech language pathologist. Appendix A outlines the scope of practice for each rehabilitation discipline.

NO Answer "no" if the client does not present with a need that can be addressed by the identified rehabilitation service(s). This request may be redirected to the appropriate service at this time.

2. **Does the client desire rehabilitation service(s)?**

YES Answer "yes" if it has been verified that the client desires rehabilitation service(s).

NO Answer "no" if the client does not desire rehabilitation service(s).

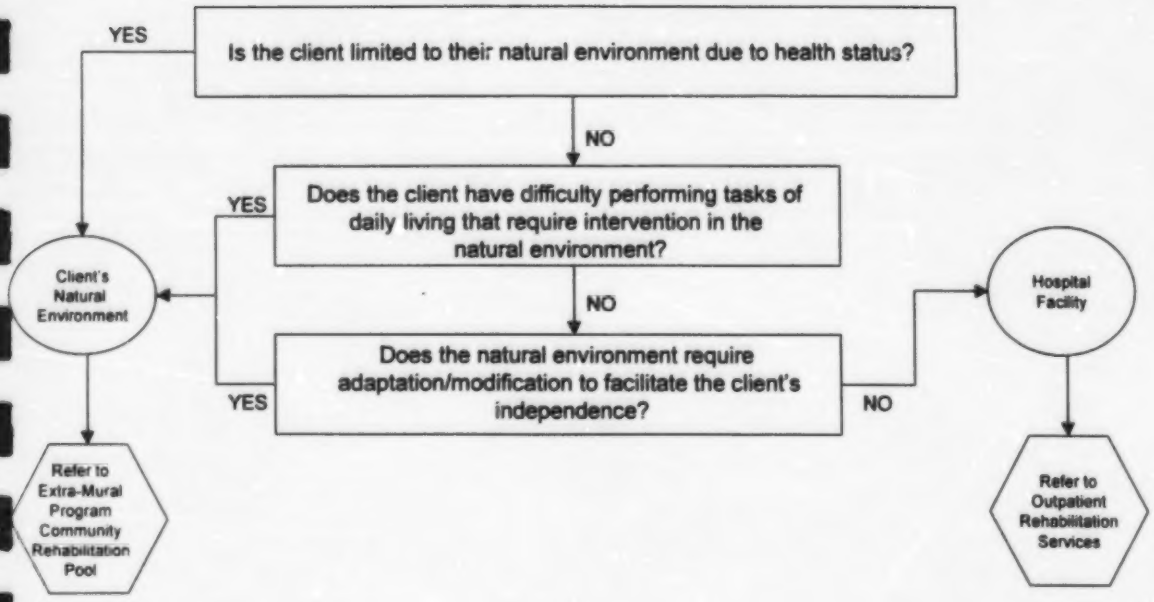
3. **What is the appropriate service location to best address the client's need(s)?**

HOSPITAL OUTPATIENTS Answer "hospital outpatients" if hospital outpatients is considered to be the appropriate service location for the client. Rehabilitation professionals affiliated with the hospital are the primary providers of this rehabilitation service.

CLIENT'S NATURAL ENVIRONMENT Answer "client's natural environment" if the natural environment is considered to be the appropriate service location for the client. Rehabilitation professionals affiliated with the Extra-Mural Program Community Rehabilitation Pools are the primary providers of this rehabilitation service. **See Appendix B for a description of natural environment.**

Several questions can be asked in order to determine the appropriate location to best meet the client's need(s). The following flowchart illustrates questions to be answered during the consideration of the request for service.

5.0 Request for Service


Is the client limited to their natural environment due to health status?
YES
NO
Does the client have difficulty performing tasks of daily living that require intervention in the natural environment?
YES
NO
Does the natural environment require adaptation/modification to facilitate the client's independence?
YES
NO
Client's Natural Environment
Hospital Facility
Refer to Extra-Mural Program Community Rehabilitation Pool
Refer to Outpatient Rehabilitation Services

5.4.1 Alternative Service Provision

Alternative service provision within the Extra-Mural Program Community Rehabilitation Pools and outpatient rehabilitation services may be necessary in order to ensure cost efficient service delivery. Considerations for alternative service provision may include:

- Available resources
- Current service practice
- Duplication of services
- Continuity of care
- Service provider skill/expertise

Alternative service provision can be arranged through mutual agreement of the management for the Extra-Mural Program Community Rehabilitation Pool and outpatient rehabilitation services. These temporary and/or permanent arrangements must be conveyed as regional guidelines in order to promote understanding by all service providers and facilitate efficient processing of Requests for Service. These regional guidelines should be reviewed regularly by the

5.0 Request for Service

Extra-Mural Program Community Rehabilitation Pool and Outpatient Rehabilitation Services to ensure that the approach warrants continuation and supports efficient service delivery.

6.0 Intake

6.1 Intake

The purpose of Intake, as a process component, is to priorize individuals for service based on level of need. The major activities in Intake are the collection of information to complete the Priority Rating Scale and the completion of the Priority Rating Scale. For detailed instructions on how to complete and score the Priority Rating Scale, please refer to the "User Guide for the Priority Rating Scale." See Appendix C for the Priority Rating Scale.

6.2 Overview of the Priority Rating Scale (PRS)

What is the Priority Rating Scale?

The PRS is a tool for determining priority for rehabilitation service in a consistent manner across the province. The PRS will help determine which individuals have a greater need for service relative to other individuals.

What priority factors are used in the PRS?

Three primary factors have been identified for consideration in determining the level of priority for rehabilitation service. These factors are applicable to all individual requests for rehabilitation services, regardless of whether the expected service will be in the form of treatment, education or consultation. The factors for determining the relative level of need for service are:

- impact of the primary presenting problem
- predicted outcome of intervention
- impact of service delay

To whom will the PRS apply?

- The PRS will be completed on all individuals accepted for service (see Request for Service criteria)
- The PRS applies to requests for rehabilitation service directed to the Extra-Mural Program Community Rehabilitation Pools and outpatient rehabilitation services

- Group requests and Long Term Care Assessment request will not be priorized using the Priority Rating Scale. These requests will be managed using the Caseload Management guidelines.

Who completes the PRS?

The PRS is to be completed and signed by a rehabilitation professional. The completed PRS becomes part of the client's health record.

Who completes the PRS for a client who requires multiple rehabilitation service providers?

Each rehabilitation discipline will complete the PRS for clients accepted for service.

When should the PRS be completed?

The PRS must be completed during the Intake process as soon as possible after acceptance of the request for service. The PRS is to be completed at that time using the best available information from a variety of sources.

Who collects information to complete the PRS?

"How" the information is collected and "who" collects the information is to be determined by each unit/department in an effort to ensure the most efficient process. The information can be collected from a variety of sources including, but not limited to, the client, the chart, relevant documentation and/or other sources.

If the client is referred to the same discipline in another service sector, does the PRS score transfer with the client?

The PRS score can be transferred with the client. The decision to accept the transferred PRS score or repeat the PRS is a decision of the receiving rehabilitation professional.

How does the PRS score impact on caseload management?

PRS scores will fall into three levels: High, Medium, and Low. The PRS level will be considered as one of the Caseload Management criteria.

When would it be necessary to repeat the PRS score?

The PRS can be repeated for an individual request **prior to intervention** if:

- there is a reported change in the client's condition
- additional information is provided which would significantly alter the PRS level

What if the rehabilitation professional does not agree with the PRS score?

During the initial implementation of the Rehabilitation Services Plan, there may be exceptional cases when the rehabilitation professional may not agree that the PRS score accurately reflects the client's priority. In those cases, the rehabilitation professional must complete the PRS Validation Form with an explanation as to why the PRS score does not accurately reflect the priority of the client. While the original PRS score cannot change, the rehabilitation professional can provide service to the client using the Caseload Management guidelines. (See RSP Monitoring Guidelines for the PRS Validation Form.)

6.3 Collecting Intake Information to Complete the PRS

The following pieces of intake information have been identified as useful for the completion of the PRS. Questions are listed below to facilitate the collection of information to describe the primary presenting or potential problem and the impact of the primary presenting or potential problem. These questions could be used directly with the client in an interview format. The empty brackets ( )'s signify the name of the client and are used in the questions below.

The remaining sections list the useful information required to determine the predicted outcome of the intervention and the impact of service delay. Not all of this content will be available for each client. The PRS is designed to be completed based on relevant and available information at the time of completion.

6.0 Intake

6.3.1 Description of the Primary Presenting/Potential Problem

Please describe ( )'s problem(s)/concern(s).... OR
Please describe the problem you would like to prevent from happening

Generally, describe how ( )'s life has been affected by this problem? OR
Generally, describe how ( )'s life might be affected by this problem if it developed?

In your view, what is the most important problem to focus on?

What is ( )'s usual role/usual daily activities?

- *Record the primary presenting problem in the box on the PRS*

6.3.2 Impact of the Primary Presenting/Potential Problem

Please probe for information describing how the primary presenting/potential problem impacts ( )'s ability to function by asking the following questions:

Has the problem interfered with ( )'s ability to ... OR
Could the potential problem interfere with ( )'s ability to ...

-dress, bathe, feed, sleep, groom etc.
-move, transfer, indoors/outdoors etc.
-cope at home
-communicate/respond, input/output
-drive car, go shopping, banking etc.
-control/respond to environment
[see User Guide for the PRS for more examples]

Has the problem interfered with ( )'s ability to.... OR
Could the potential problem interfere with ( )'s ability to ...

-work at a job

-do work around the house

-go to school

[see User Guide for the PRS for more examples]

Has the problem interfered with ( )'s social activities like ... OR

Could the potential problem interfere with ( )'s social activities like ...

-visiting with friends

-phone calls

-writing cards

-attending parties etc.

[see User Guide for the PRS for more examples]

Has the problem interfered with ( )'s leisure activities like... OR

Could the potential problem interfere with ( )'s leisure activities like ...

-gardening

-sports

-crafts, hobbies etc.

[see User Guide for the PRS for more examples]

6.3.3 Predicted Outcome of the Intervention*

*(*Note: The answers to the questions listed below will likely come from secondary sources)*

Has ( )'s received any previous rehabilitation interventions for this primary presenting problem?

IF YES: What rehabilitation service was provided? (AUD, OT, PT, SLP)

What was the result?

What were the previous assessment results? (if any were available)

What is the stage of the disease process?

What is the length of time since onset of the primary presenting problem?

What is ( )'s overall health condition?

Does ( ) have any other health conditions that may affect the primary presenting/potential problem?

6.3.4 Impact of Service Delay

If service is delayed, what is the potential impact on ( )'s present and/or future:

- physical safety
- ability to maximize function
- future deterioration in function

How does ( ) currently cope with the primary presenting/potential problem?

7.0 Caseload Management

7.1 Caseload management is the selection and management of clients for whom the rehabilitation professional has primary responsibility. Caseload management will be critical in the provision of timely and appropriate service.

Effective caseload management consists of:

- client selection and management guidelines
- ongoing caseload review
- professional judgement

The following caseload management guidelines will assist in the development of effective operational strategies to be utilized by the rehabilitation professional and manager.

7.2 Guidelines for Caseload Management

Requests for rehabilitation service to be considered in caseload management will consist of requests for:

- individuals with a Priority Rating Scale level
- groups
- long term care assessments

7.2.1 Request for Service for Individuals with a PRS Level

1. All individual requests will be priorized using the Priority Rating Scale.

2. Individuals will be ranked according to the score on the Priority Rating Scale as high, medium or low priority levels.

3. Individuals waiting for service within a priority level will receive services on a first come, first served basis. This means that, of those individuals with the same level of need, the individual who has waited the longest will be served first.

4. The proportion of service allotted to each priority level should reflect the greatest emphasis on the high priority level as so on through the priority levels.

5. Individuals of different priority levels may have access to rehabilitation service although the waiting time will vary.

6. Individuals waiting for service who experience and report a change in health status that impacts priority for rehabilitation service may be repriorized using the Priority Rating Scale.

7. Other factors, in addition to the individual's Priority Rating Scale level, may be considered in the determination of service provision. These considerations include, but are not limited to, the following:

   a. the location of the individual and the presence of other individuals in the same location who are presently receiving service, e.g., a request for an individual in a nursing home which is medium priority may be selected for immediate service as the rehabilitation professional is presently traveling to that nursing home for provision of service to an individual with a high priority level.

   b. timing of intervention. Based on presenting needs, an individual may require intervention at a specific time in order to best meet their needs and to produce a positive outcome.

   c. the presence of a high risk, high priority identification from a provincial screening tool e.g., Public Health Priority Assessment Instrument.

7.2.2 Requests for Service for Groups

1. All requests which are not specific to an individual will be processed as group requests. Group requests are not priorized using the PRS.

2. As a valid tool is not available to priorize group requests, these requests will be addressed through the designation of rehabilitation professional time. Up to a maximum of 5% of the rehabilitation professionals' work time will be designated for the provision of group service, according to demand.

3. Designated group time may be increased based on the volume of requests, at the discretion of the manager.

4. In general, group requests for service should be addressed on a first come, first served basis.

7.2.3 Requests for Long Term Care Assessments

(Note: Applicable to occupational therapists and physiotherapists in the Extra-Mural Program Community Rehabilitation Pools when the new LTC Process is implemented)

1. Requests for a Long Term Care Assessment will not be priorized using the Priority Rating Scale.

2. The rehabilitation professional must complete a Long Term Care Assessment within ten working days of receiving the request.

3. Following assessment, an individual requiring rehabilitation intervention must be accepted for service using the Request for Service criteria and priorized using the Priority Rating Scale.

8.0 Intervention

8.1 Rehabilitation Intervention

Rehabilitation intervention includes treatment, education and consultation. The document " Finding an Appropriate Balance of Treatment, Education and Consultation" provides additional information on these intervention approaches. The Rehabilitation Services Plan states that rehabilitation intervention will be:

- client centered
- goal oriented
- time limited

8.2 Client Centered

Client centered intervention is a collaborative process of working together to identify client concerns, needs and priorities, how the needs will be addressed and how the rehabilitation professional and client will be involved in service delivery.

The rehabilitation professional will orient the client to the intervention process through the provision of information regarding condition diagnosis, nature of the intervention and potential outcomes.

In situations where the client is unable to actively participate in the process, the rehabilitation professional will work with the family, caregiver and/or significant other(s).

8.3 Goal Oriented and Time Limited

Intervention will be based on mutually agreed upon goals. Through negotiation and collaboration. The rehabilitation professional and client will target goals and identify activities that will meet client needs. [See Appendices D and E.]

Goals will be stated in a manner clearly understood by the rehabilitation professional and client.

All goals will have a target date for review/completion.

Ongoing caseload review is required to facilitate the provision of goal oriented and time limited service delivery.

9.0 Service Completion

Clients will participate in the planning for service completion through ongoing involvement in the identification of needs, goal setting and intervention planning.

Clients will be discharged from rehabilitation service when the goals of intervention are completed. This may result when the client achieves the stated goals of intervention or it is determined that there is no further benefit to be realized through the provision of rehabilitation service.

Clients discharged from service may be referred to other health care services, if appropriate.

Clients discharged from service may request rehabilitation service in the future, if required.

Appendix A:
Scopes of Practice

Appendix A1:
Audiology

Audiology

The Canadian Association of Speech Language Pathologists and Audiologists (CASLPA) provides a broad view of the potential contribution of audiologists in all environments and employment situations. CASLPA has developed the following general scope of practice for audiology:

- Facilitating the conservation of auditory system function; developing and implementing environmental and occupational hearing conservation programs;
- Screening, identification, assessment, interpretation, diagnosis, prevention, and rehabilitation of individuals with peripheral and central auditory system dysfunction;
- Administration and interpretation of behavioural, electro-physiological and electro-acoustic measurements of auditory and vestibular functions;
- Selection, fitting, verification and dispensing of amplification, assistive listening and alarming devices and other systems (e.g., implantable devices) and the provision of training in their use;
- Provision of counselling services to clients, families, caregivers, and others regarding all aspects of hearing and communication disorders;
- Provision of aural (re)habilitation and related counselling services to hearing impaired individuals and their families;
- Screening speech-language and other factors affecting communication function for the purposes of an audiologic evaluation and / or initial identification of individuals with other communication disorders.

Appendix A2:
Occupational Therapy

Occupational Therapy

The Canadian Association of Occupational Therapists (CAOT) describes the role of the occupational therapist as enabling clients to develop the means and opportunities to identify, engage in, and achieve desired potential in the occupations of life. Occupations include everything individuals do (i) to look after themselves (self-care), (ii) to enjoy themselves (leisure), and (iii) to contribute as full members of society (productivity).

Occupational therapy enables positive change to occur in the physical, mental, emotional, social and environmental conditions that disrupt or prevent engagement in occupations from infancy to old age. Occupational therapists provide a continuum of services which include promotive, preventive, restorative, rehabilitative and supportive approaches. Occupational therapists engage in complementary professional roles including; clinician, advocate, consultant and educator.

Appendix A3:
Physiotherapy

Physiotherapy

The New Brunswick Physiotherapy Act describes physiotherapy as the assessment, identification, alleviation and prevention of physical dysfunction or pain.

Physiotherapy is based on large part on the art and science of therapeutic movement of the human body and may involve, but is not limited to, exercise, massage, manipulation and the selective application of physical mediums such as hydrotherapy, radiant, mechanical or electrical energy including acupuncture.

Physiotherapy includes the planning, administration and evaluation of remedial, preventive and health maintenance programs. It also includes the provision of consultative, educational, advisory and research activities.

Appendix A4:
Speech Language Pathology

Speech Language Pathology

The Canadian Association of Speech Language Pathologists and Audiologists (CASLPA) provides a broad view of the potential contribution of speech language pathologists in the prevention, identification, assessment, evaluation, counselling, treatment and management of communication disorders in all environments and employment situations. CASLPA has developed the following general scope of practice for speech language pathology:

- Screening, identification, assessment, interpretation, diagnosis, rehabilitation and prevention of speech language disorders;
- Screening, identification, assessment, interpretation, diagnosis and rehabilitation of oral pharyngeal function and related disorders;
- Screening, identification, assessment, interpretation, diagnosis and rehabilitation of cognitive communicative disorders;
- Assessment, selection and development of augmentative and alternative communication systems and providing training in their use;
- Provision of counselling services to clients, families, caregivers, and others regarding all aspects of communication disorders;
- Provision of aural (re)habilitation and related counselling services to hearing impaired individuals and their families;
- Enhancement of speech-language proficiency and communication effectiveness (e.g., accent reduction);
- Screening of hearing and other factors for the purpose of speech-language evaluation and / or initial identification of individuals with other communication disorders.

Appendix B:
Natural Environment

Natural Environment

An individual's natural environment consists of the social and physical environments in which tasks of daily living are performed. This includes, but is not limited to, the following settings: home, work, school, nursing home. Intervention in the natural environment is necessary when there is a need to focus on the context of the performance, the effect of environmental variables on performance and the conditions necessary to enable the individual to maintain or improve function within that environment. The goal of intervention in the natural environment is to increase the individual's independence, participation and interaction within their social and physical environments.

Intervention in the natural environment:

- eliminates the need to transfer newly acquired skills from the clinical to natural settings
- is more likely to focus on immediate needs and address critical characteristics of the environment in which the skill must be demonstrated
- allows for targeting of skills which have present and future functional utility
- facilitates skill practice in the "real" context which allows the individual to experience natural reinforcement for effective performance
- facilitates responses to environmental stimuli
- facilitates collaboration with others in carrying out the intervention program
- allows for effective modification of the environment to facilitate performance

Appendix C:
Priority Rating Scale

[redacted] PRIORITY RATING SCALE V1.0 (PRS) FOR THE REHABILITATION SERVICES PLAN (22/05/97)

BEGIN DATE : YY MM DD	CLIENT NAME:	MEDICARE #:

DISCIPLINE COMPLETING FORM: (Circle one) **AUD OT PT SLP** **SOURCE OF INFORMATION** *(check all that apply)* ☐ Individual ☐ Caregiver ☐ Documentation ☐ Other

DESCRIPTION OF PRIMARY PRESENTING PROBLEM*: **PRS COMPLETED :** *(check one only)* ☐ Before first session ☐ After first session

**Includes potential presenting problem*

ANTICIPATED INTERVENTION APPROACH *(check one only)* ☐ To develop function ☐ To improve function ☐ To maintain function ☐ To prevent dysfunction

Note: An individual is defined to include consideration of caregiver and/or family in all contexts

PRIORITY FACTORS	PRIORITY RATINGS
IMPACT OF PRIMARY PRESENTING PROBLEM Rate the extent to which the presenting problem **currently impacts OR could* impact** the individual's ability to function considering the following activities: ● **Self-Care** ● **Productivity** ● **Leisure** 1 2 3 4 5 very little impact / little impact / moderate impact / large impact / very large impact **Up to a maximum of 12 months*	Enter rating below: SECTION TOTAL:
PREDICTED OUTCOME OF INTERVENTION Rate the individual's potential for benefit from rehabilitation service considering: ● **History and success of previous interventions** ● **Previous assessment results** ● **Stage in disease process** ● **Length of time since onset of primary presenting problem** ● **Other health related or "at risk" behaviors** ● **Overall health condition** ● **Research evidence** 1 2 3 4 5 very little benefit / little benefit / moderate benefit / large benefit / very large benefit	Enter rating below SECTION TOTAL:

IMPACT OF SERVICE DELAY

If service is delayed, rate the potential impact on the individual's present and/or future function considering:

- **Physical safety**
- **Ability to maximize function**
- **Future* deterioration in function** **Up to a maximum of 12 months*

1	2	3	4	5
very little impact	little impact	moderate impact	large impact	very large impact

Enter rating below

SECTION TOTAL:

DATE COMPLETED: **COMPLETED BY:**

PRS TOTAL:

Place a check mark in the appropriate category: **( ) LOW [3-7]** **( ) MODERATE [8-11]** **( ) HIGH [12-15]**

NOTE: The PRS is completed based on available information at the time of completion.

Appendix D:
LEARN - Collaborative Decision Making

Collaborative Decision Making

"LEARN"

L isten with empathy and understanding of the client's perception of the problem,

E xplain your perception of the problem,

A cknowledge and discuss the differences and similarities,

R ecommend intervention,

N egotiate agreement.

Appendix E:
Process of Goal Setting

Process of Goal Setting

1. Encourage the client to talk about the rehabilitation concerns that brought them to see you.

2. Ask the client if they have any ideas about what would resolve the concerns.

3. Find out what the client has done already that is helping the problem.

4. Help the client transform the concerns and ideas to statements of client goals.

5. Ensure that you capture and capitalize on the strengths you uncover during this process ie., strengths that will help the client accomplish the desired outcomes.